

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... St. Louis

FEB 8 1937 791  
Registration District No.  
Primary Registration District No. 1003  
(No. Jewish Hospital)

File No. 4182  
Registered No. 1226  
St. .... Ward)

**2. FULL NAME**

Harry F. Stix

(a) Residence, No. 1215 Hampton Dr. St. N.R. Ward. 1 Rch. Sts Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claire Netter Stix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

FATHER 13. NAME Henry S. Stix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

MOTHER 15. MAIDEN NAME Claire Friedlander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT Charles Stix  
(ADDRESS) 6357 Ellenwood

18. BURIAL, CREMATION, OR Other

PLACE Valhalla Crem. DATE Jan. 1937

19. UNDERTAKER Herman Rindskopf  
(ADDRESS) 5216 Delmar Blvd.

20. FILED J. H. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1937

22. HEREBY CERTIFY, that I attended deceased from Jan. 21, 1937, to Jan 26, 1937  
I last saw h. in alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 4:45 m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Broncho pneumonia 1/24/37  
Other contributory causes of importance: 107

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Cheryl Sale M. D.  
(Signed) 3720 Washington  
(Address)

JAN 27 1937

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

